

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005908

FILED
Apr 22, 2009
Secretary of State

Entity Name: COMMUNITY SERVICE OUTREACH, INC.

Current Principal Place of Business:

9010 S.W. 137 AVENUE
STE. 104
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

9010 S.W. 137 AVENUE
STE 104
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0119684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, OSCAR
3412 SAN REMO CIRCLE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

MARTINEZ, OSCAR
10542 SW 161 AVE
MIAMI, FL 33196 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OSCAR MARTINEZ

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, OSCAR
Address: 3412 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035

Title: VD () Delete
Name: RODRIGUEZ, MARCO
Address: 15109 SW 71 LN
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: MARTINEZ, ANA MILENA
Address: 3412 SAN REMO CIRCLE
City-St-Zip: HOMESTEAD, FL 33035

Title: D () Delete
Name: REVOLLO, RAFAEL
Address: 13352 SW 39 ST
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: MEJIA, MAURICO
Address: 6465 SW 130 PL # 508
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINEZ, OSCAR
Address: 10542 SW 161 AVE
City-St-Zip: MIAMI, FL 33196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MARTINEZ, ANA MILENA
Address: 10542 SW 161 AVE
City-St-Zip: MIAMI, FL 33196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR MARTINEZ

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date